

SYSTEM LEVEL BLOCK DIAGRAM

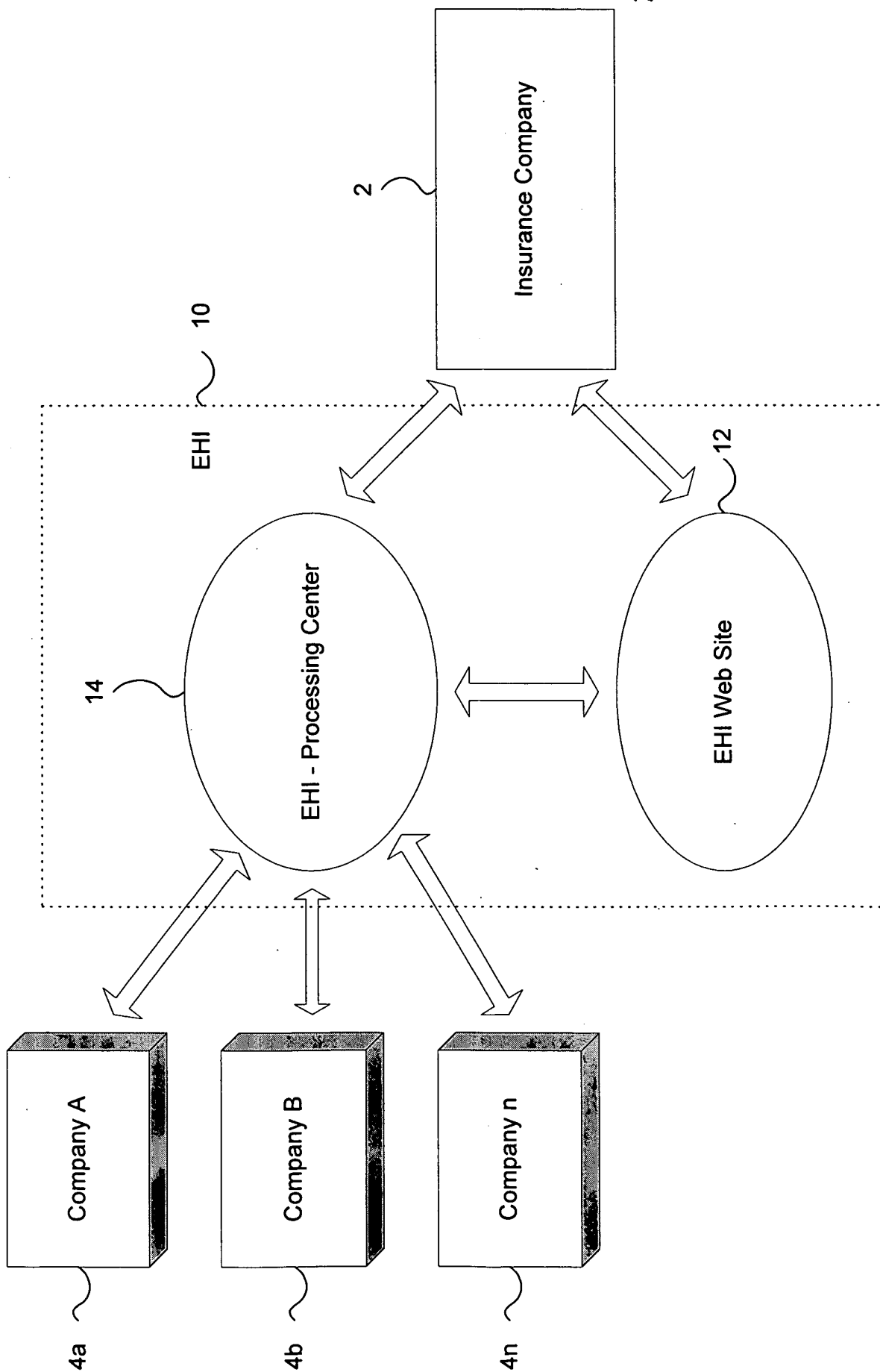


FIG. 1

DETAILED SYSTEM LEVEL DIAGRAM

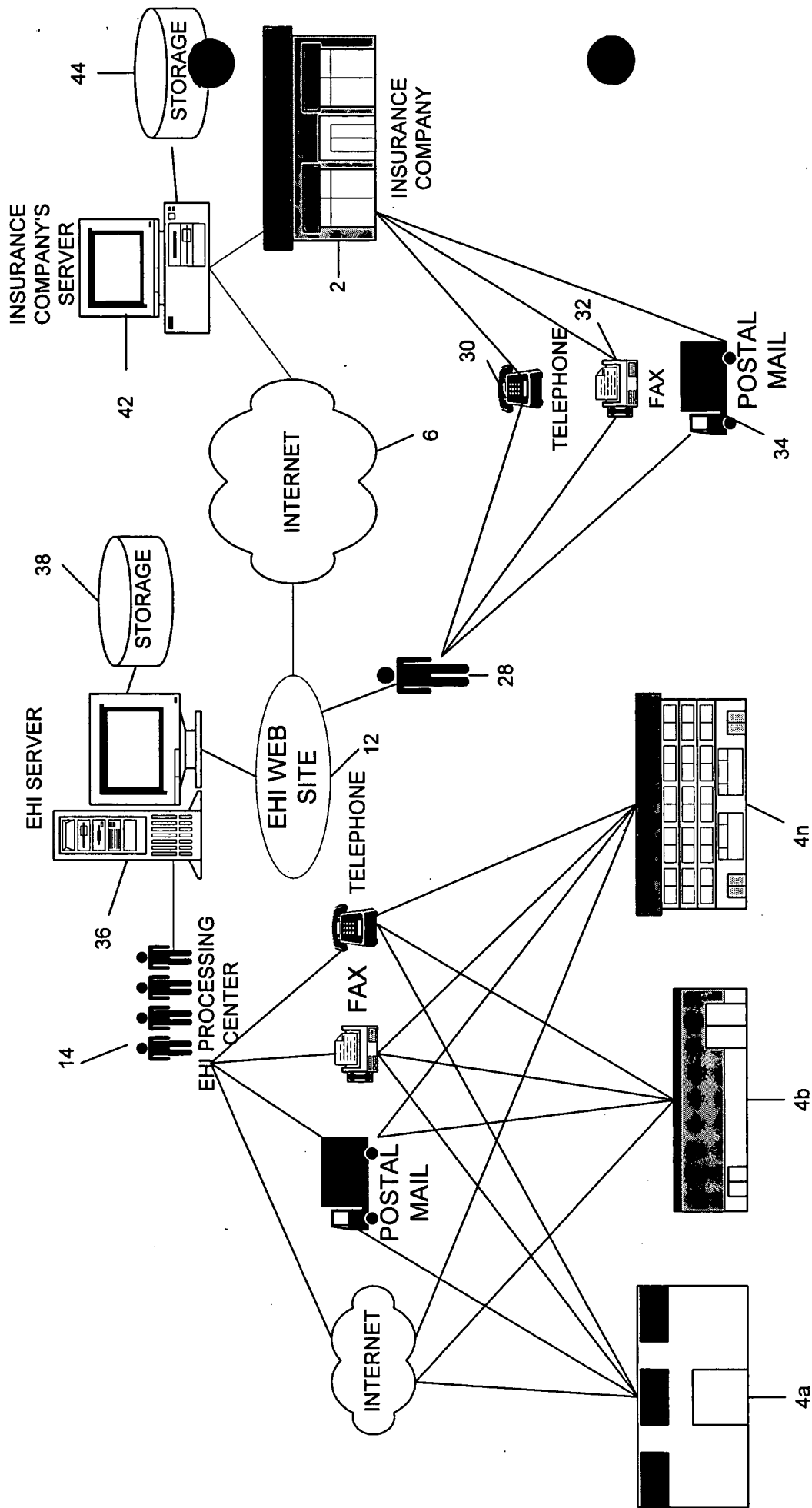


FIG. 2

BLOCK DIAGRAM OF AN EHS SERVER

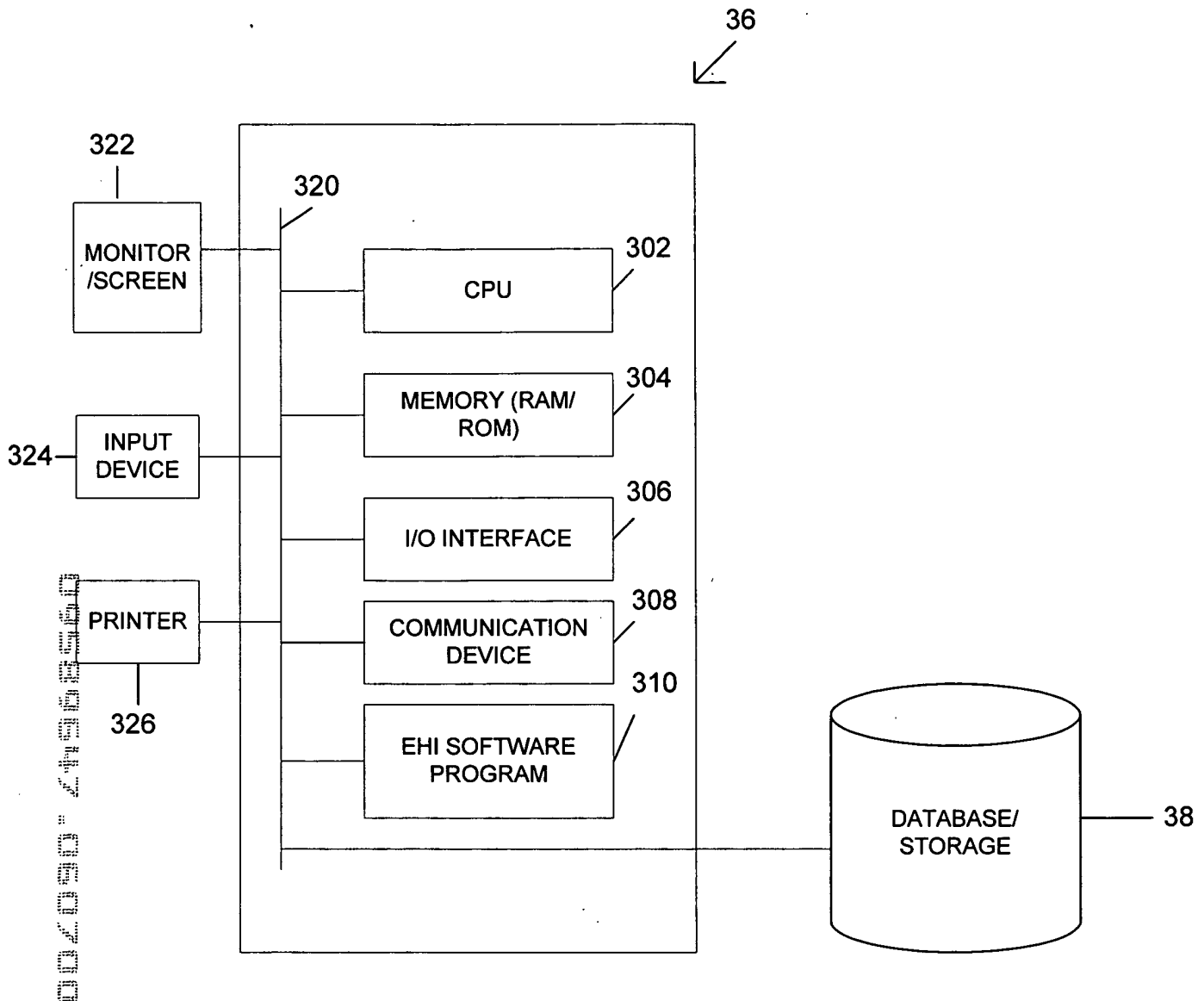


FIG. 3

002090" 499950

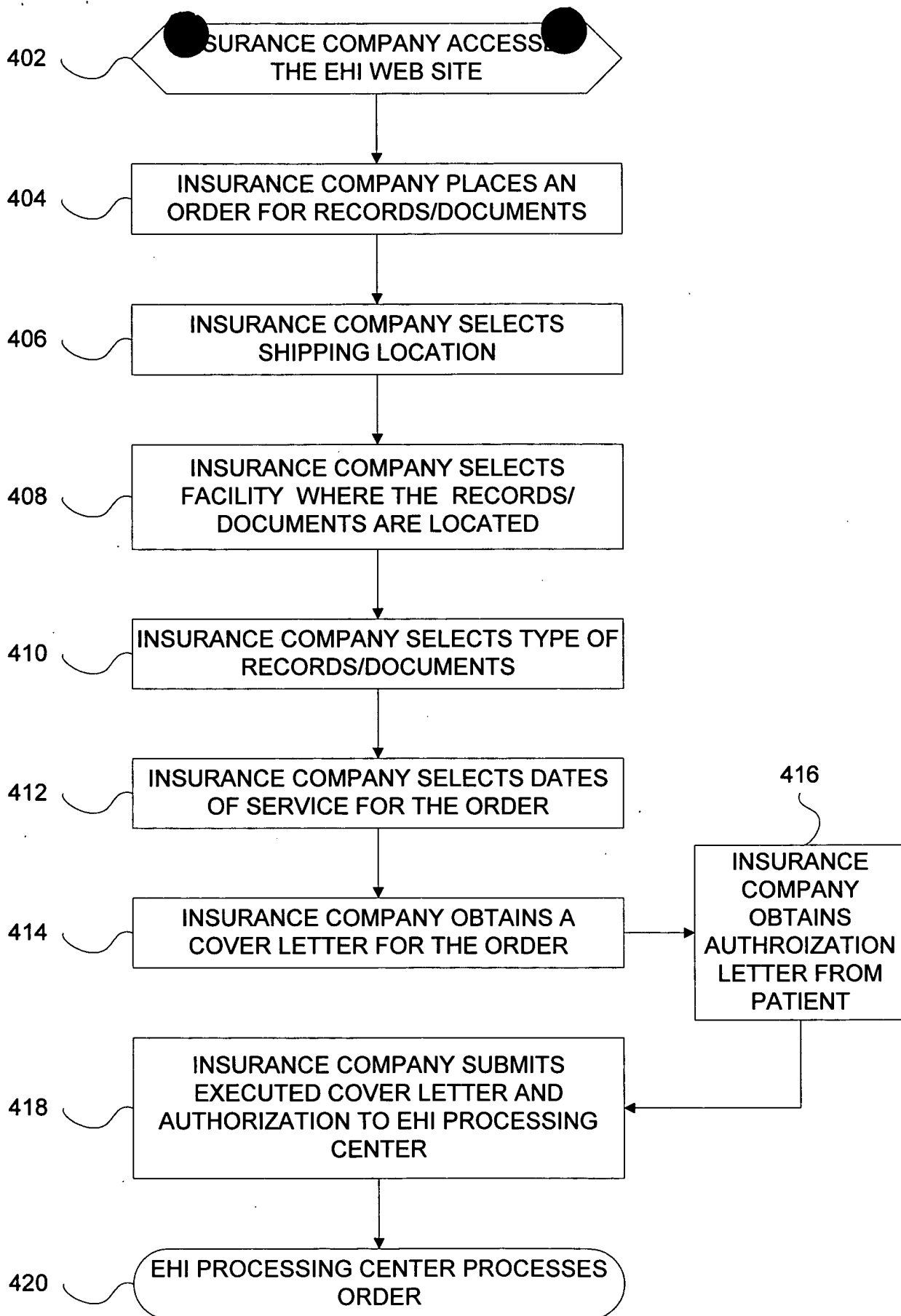


FIG. 4

http://belaweb.ehealth.com/order-step2.asp - Microsoft Internet Explorer provided by Pillsbury Madison & Sutro LLP

File Edit View Go Favorites Help

Back Forward Stop Refresh Home Search Favorites History Channels Fullscreen Mail Print Edit

Address http://belaweb.ehealth.com/order-step2.asp

EHI

Step 2 of 5 - Where will the records / documents be shipped to ?

All orders are shipped through US Mail.

Your documents will be shipped to :

EHI
234 Almaden Pkwy
San Jose, CA, 95890
Attention: Jim Killian

PROCEED TO STEP 3

CHANGE ADDRESS

CANCEL-GO TO MAIN MENU

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FIG. 5B

532

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534

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http://betaweb.ehealth.com/order-step3.asp - Microsoft Internet Explorer provided by Pillsbury Madison & Sutro LLP

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Address http://betaweb.ehealth.com/order-step3.asp

Press 'Select Facility' to specify where the documents / records are currently located.

You currently have no facility requests associated with this order. Please select the facilities where the documents / records can be found.

Select all facilities before proceeding to Step 4.

CANCEL-GO TO MAIN MENU

Please select address

Select the types of records you are interested in at this facility. Types marked in orange will result in a separate facility request for that specific information.

<input type="checkbox"/> Any and all records (does not include types marked in orange)	<input type="checkbox"/> Consultation Reports
<input type="checkbox"/> Admission Report	<input type="checkbox"/> Pathology Reports
<input type="checkbox"/> Discharge Report	<input type="checkbox"/> Radiology / Nuclear Reports
<input type="checkbox"/> ER Records	<input type="checkbox"/> Delivery Records
<input type="checkbox"/> Lab Reports	<input type="checkbox"/> Newborn Notes
<input type="checkbox"/> Operative Reports	<input type="checkbox"/> X-Ray Films
<input type="checkbox"/> All Physicians Notes	<input type="checkbox"/> Nuclear Scans
<input type="checkbox"/> All Nurses Notes	<input type="checkbox"/> Physical Therapy Notes
<input type="checkbox"/> Physicians Orders	<input type="checkbox"/> Itemized Bills / CPT, Diagnostic Code, Writeoffs and Adjustments

Please select the dates of service for this facility request. If you have selected "Any and All Records" in section B, you don't need to fill this section out as you are requested ALL records for this patient regardless of dates of service. If you leave Starting Date and Ending Date blank, we'll request records that have any date of service.

Starting Date

Ending Date

Press 'Add' to add this facility request to your order. You will be taken back to the top of your screen.

ADD FACILITY TO MY ORDER

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FIG. 5C

http://betaweb.ehealth.com/abook.asp - Microsoft Internet Explorer provided by Pillsbury Madison & Sutro LLP

File Edit View Go Favorites Help

Back Forward Stop Refresh Home Search Favorites History Channels Fullscreen Mail Print Edit

Address http://betaweb.ehealth.com/abook.asp

EHI Address Selection

Type any part of name or address for lookup

Name Address City State Zip Phone Ext. Fax Attention

LOOKUP CLEAR CANCEL

USE ADDRESS AND CONTINUE

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FIG. 5D

http://betaweb.ehealth.com/abook.asp - Microsoft Internet Explorer provided by Pillsbury Madison & Sutro LLP

File Edit View Go Favorites Help

Back Forward Stop Refresh Home Search Favorites History Channels Fullscreen Mail Print Edit

Address http://betaweb.ehealth.com/abook.asp

EHI Address Selection

Found 3 matching addresses

Name Address City State Zip Phone Ext. Fax Attention

LOOKUP CLEAR CANCEL

USE ADDRESS AND CONTINUE

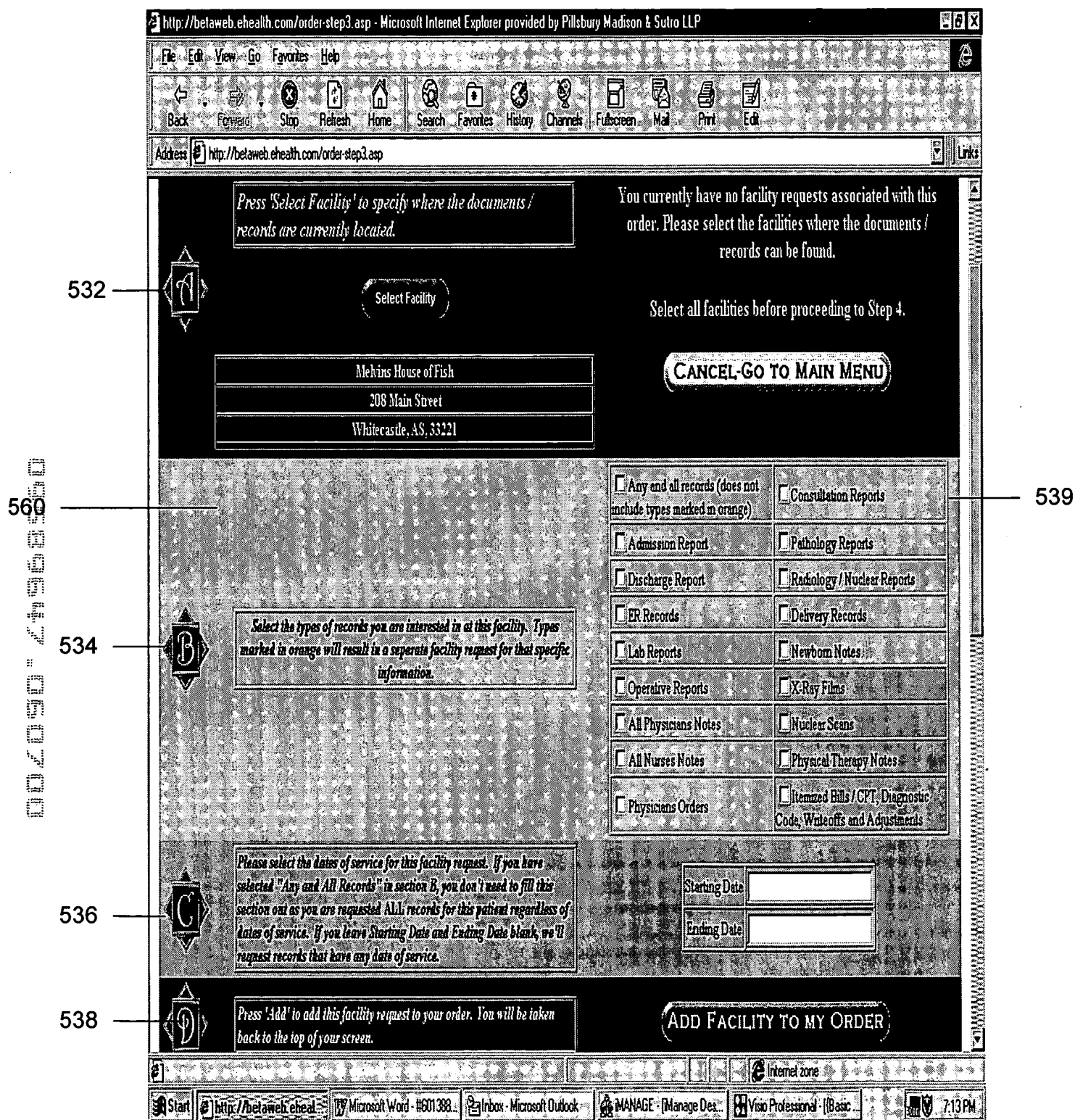
Name	Address	City	State	ZIP	Phone	Extension	Attention
Mahine House of Fish	208 Main Street	Whitecastle	AS	33221			
Mahine House of Fish	208 Main Street	Stirling	AS	23911			
Mahine House of Fish	32132 Lotus Blvd	Fiddlerswood	NJ	23448	333-222-4444		

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FIG. 5E



600

BAR CODE



604

RELEASE AUTHORIZATION COVER SHEET

606

ORDER # 000xxx - JOHN DOE

THIS COVER SHEET HAS BEEN SENT IN RESPONSE TO AN ORDER
MADE TO OUR EHI SERVERS AT WWW.EHEALTH.COM.

THIS COVER SHEET SHOULD BE PLACED IN FRONT OF ANY
AUTHORIZATION MATERIAL YOU HAVE. FAX ALL PAGES TO THE EHI
PROCESSING CENTER AT (XXX) XXX-XXXX.

YOU MAY ALSO MAIL THIS INFORMATION TO THE EHI PROCESSING
CENTER, BUT THIS WILL INCREASE THE PROCESSING TIME.

FIG. 6